

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
 City or town New Berlin
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town New Berlin
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Joseph Bragmore
 4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

6.(b) Name of husband or wife Mary Bragmore

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1904 6.(c) If alive, give age years

8. AGE: Years 45 Months 9 Days 28 If less than one day hrs. min.

9. Birthplace North Carolina
 (Town, county, and state)

10. Usual occupation Suburban

11. Industry or business

FATHER 12. Name Charlie Bragmore
 13. Birthplace N.C.

MOTHER 14. Maiden name Mary Bragmore
 15. Birthplace N.C.

16. Informant Henge Bragmore
 Address Trubow N.C.

17. Burial Date thereof 7/3/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls.Location Berlin Md18. Funeral director Burns A. RulbyAddress Berlin Md

19. 7-3 46 Helen G. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death due to
Myocardial infarction
left femoral artery

DURATION

10 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident (?) Date of June 29 46

Where did injury occur? New Berlin Worcester Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury stab wound Injured at work? no23. SIGNATURE John L. Riley M.D. Mrs. Evans

M. D. or other

Address Sherrill Hill Rd Date signed 6/29/46

REC-111
JUL 8 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

CERTIFICATE OF DEATH

★ 06393 350
Reg. Dist. No.

1. PLACE OF DEATH:

County *Worcester*City or town *Pocomoke city*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *Life*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Worcester*City or town *Pocomoke city*
(If outside city or town limits, write RURAL and give nearest town)Street No. *Second*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edward J. Brittingham

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

*married*6. (b) Name of husband or wife *Katherine B. Brittingham*6. (c) If alive, give age *85* years7. Birth date of deceased (mo., day, yr.) *December 13, 1862*

8. AGE: Years Months Days If less than one day

83 5 29 hrs. min.9. Birthplace *Jenkins Bridge, Accomac, Va*
(Town, county, and state)10. Usual occupation *Retired farmer*

11. Industry or business

12. Name *John E. Brittingham*13. Birthplace *Virginia*14. Maiden name *Margaret Dix*15. Birthplace *Virginia*16. Informant *Mrs. Wheeler Hall*Address *Pocomoke city, Md.*17. *Burial* Date thereof *June 14, 1946*

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory *Potts Creek Baptist*Location *Pocomoke city Rural*18. Funeral director *Margaret A. Watson*Address *Pocomoke city, Md.*19. *June 14, 1946* *Anne E. White*

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 12, 1946*, at *2 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 5, 1946*, to *June 12, 1946*and that I last saw him alive on *June 11, 1946*Immediate cause of death *Hypertensive Myocardial-Renal disease*

DURATION

*5 yrs*Due to *Senility**10 yrs*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations *None*

Date of op.

Autopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Louis J. Cleveland, M.D.*Address *Pocomoke City, Md.* Date signed *6-14-46*

M. D. or other

RECEIVED

JUN 15 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH: Waverly
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland..... County.....Worcester
 City or town.....Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....70

3. (a) FULL NAME Levin G. Carter

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Hennie G. Carter

6. (c) If alive, give age 83 years
 7. Birth date of deceased (mo., day, yr.) July 8 - 1870

8. AGE: Years 75 Months 11 Days 1 If less than one day
 hrs. 0

9. Birthplace Snow Hill, Worcester, Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business George Carter

12. Name George Carter

13. Birthplace Maryland

14. Maiden name Lupicia Sadding

15. Birthplace Maryland

16. Informant Allie Carter

Address Snow Hill, Md

17. Burial Date thereof June 12/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Whitcomb

Location Snow Hill, Md

18. Funeral director Hearne & Sonnes

Address Snow Hill, Md

19. 6:07 46 Le Roy Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1945 to June 9 1946

and that I last saw him alive on June 9 1946

Immediate cause of death acute pulmonary edema DURATION 2 days

Due to hypertensive Cardio-vascular renal disease 15 yrs

Due to.....

Other conditions Senile dementia

Cerebral vascular accident sept 1946
 (Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Robert L. La Mar, M.D.
Snow Hill M. D. or other

Address..... Date signed 6-10-46

RECEIVED
JUN 13 1945
RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County WorcesterCity or town Berlin
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 73 years

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WorcesterCity or town Berlin
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

Frank D. Cathell

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

Ruth P. Cathell

7. Birth date of deceased (mo., day, yr.)

Sept 17 1872

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

73827

hrs.

min.

9. Birthplace

Berlin MD R.T.D.
(Town, county, and state)

10. Usual occupation

merchant

11. Industry or business

MOTHER FATHER

12. Name

George Cathell

13. Birthplace

Berlin MD

14. Maiden name

Ruth Birch

15. Birthplace

Berlin MD

16. Informant

Mr. Frank Cathell

Address

Berlin MD

17. (Burial, cremation, or removal. Which?)

Date thereof

6/19/46
(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin MD

18. Funeral director

Anna A. Burboys

Address

Berlin MD

19.

6-17-

(Date rec'd by registrar)

Helen I. Hayward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 46, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 19 46, to June 14 19 46and that I last saw him alive on June 10 19 46

Immediate cause of death

Cerebral hemorrhage

DURATION

4 daysDue to thrombosed arteries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. J. Howard M.D.

M. D. or other

Address

Berlin MDDate signed 6-15-46

RECEIVED

JUN 25 1946

BUREAU V.S.

RECEIVED

JUN 25 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 06396 351

1. PLACE OF DEATH:

County Worcester md
 City or town Newark md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Worcester
 City or town Newark md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

John Wesley Dennis

3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male a. a. Married

6. (b) Name of husband or wife 6. (c) If alive, give age

Marie Dennis want divorce

7. Birth date of deceased (mo., day, yr.)

yes about 1889

8. AGE: Years Months Days If less than one day

about 56

9. Birthplace (Town, county, and state)

Newark md

10. Usual occupation

Farmer

11. Industry or business

Same as above

12. Name

John E. Dennis

13. Birthplace

Newark md

14. Maiden name

Martha E. Halland

15. Birthplace

Newark md

16. Informant

Mrs. Marie Dennis

Address

Newark md

17. Burial Date thereof

June 6-1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Linden Chapel

Location

Newark md

18. Funeral director

James H. Stewart

Address

Salisbury md

19. Date rec'd by registrar

6/4/46

Registrar

L. Day Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-46 19 at 10³⁰ M

21. I CERTIFY that death occurred on the date above stated; that I attempted deceased from

1-1-45 19 to 6-5-46 19

and that I last saw him alive on 6-1-46 19

Immediate cause of death

Chronic myocarditis

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Clifford E. Spitt

Address

Baltimore md

Date signed

6-3-46

RECEIVED

JUN 7 1946

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06397

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred: —How long in hospital or institution? —

3. (a) FULL NAME

Lynwood Durham4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Jane Durham7. Birth date of deceased (mo., day, yr.) Nov 27-1923 8. (c) If alive, give age 18 years8. AGE: Years 22 Months 6 Days 24 If less than one day — hrs. — min.9. Birthplace Pocomoke, Worcester, Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name George Durham13. Birthplace Md.14. Maiden name Savannah Cutler15. Birthplace Md.16. Informant Carl MatthewsAddress Pocomoke City Md17. Burial (Burial, cremation, or removal, which?) Burial Date thereof June 25-1946
(month) (day) (year)Cemetery or crematory St. Hill Baptist ChLocation Rural Pocomoke City Md18. Funeral director Henry A. EdelsonAddress Pocomoke City Md19. June 25 1946 Anne E. Thiele
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)Street No. 112 Oak St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

218-16-6146

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

— 19 —, to — 19 —

and that I last saw him — alive on — 19 —

Immediate cause of death Fractured skullDue to Truck wheel he was driving ran over him

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 21 46Where did injury occur? Pocomoke City, Worcester Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Truck ran over him Injured at work? No23. SIGNATURE John L. Reilly, Jr. M.D. M. D. or otherAddress Snow Hill Md Date signed 6/21/46

RECEIVED
JUN 26 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

06398

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
 City or town Berlin Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Worcester
 City or town Berlin Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Branch St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war: World War veteran

3. (a) FULL NAME

Isaiah Bassett

3. (b) Social Security Number

no

4. Sex Male 5. Color or race A.A. 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Sarah Bassett
 7. Birth date of deceased (mo., day, yr.) March 17 1844
 8. AGE: Years 102 Months 3 Days 7 If less than one day hrs. min.

9. Birthplace Berlin Md.
 (Town, county, and state)

10. Usual occupation World War Veteran

11. Industry or business Carpenter

12. Name Andrew Bassett

13. Birthplace Berlin Md.

14. Maiden name Martina Fumell.

15. Birthplace Berlin Md.

16. Informant Robert F. Bassett

Address Berlin Md.

17. Burial Date thereof June 28th 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md.

18. Funeral director James H. Stewart

Address Salisbury Md.

19. 6-27-46 Helen F. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 - 1946 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 P. 45 to 6-24-46

and that I last saw him alive on 6-20-46

Immediate cause of death Ch. Myocarditis

Due to Ch. Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. R. Law MD

Address Berlin Md. Date signed 6/27-46

RECEIVED
JUL 1 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

CERTIFICATE OF DEATH

06399

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke River
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WorcesterCity or town Pocomoke River
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Larry James Green

3. (b) Social Security Number

4. Sex

Boy

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Dec 21 1945

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

6 9 _____ hrs. _____ min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Date rec'd by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946 at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 1946 to June 30 1946and that I last saw him/her alive on June 22 1946Immediate cause of death Shooting wound DURATION 3 weeks

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

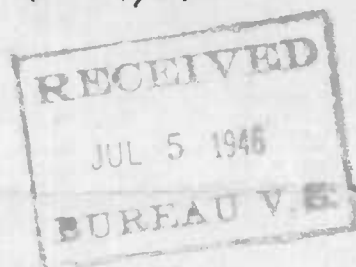
23. SIGNATURE

M. D. or other

Address

Date signed

*copy sent to C. H. S.
7/5/46.*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

06402

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
—

How long to hospital or institution? —

3. (a) FULL NAME

Rebecca M. Hodder

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town near Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)

2. (a) If veteran, name war —

3. (b) Social Security Number

4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife James Hodder7. Birth date of deceased (mo., day, yr.) Feb 10 18706. (c) If alive, give age 77 years8. AGE: Years 76 Months 3 Days 26 If less than one day
hrs. min.9. Birthplace Pocomoke Worcester Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Hodder13. Birthplace Md.14. Maiden name unknown

15. Birthplace

16. Informant James HodderAddress Rural Snow Hill Md.17. Burial Date thereof June 9, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Salon M. C. CemeteryLocation Pocomoke City Md.18. Funeral director Henry H. H. H.Address Pocomoke Md.19. June 7 1946 Anne C. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946 at 1 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946, to 1946and that I last saw him alive on 1946Immediate cause of death Myocardial degeneration of heart

DURATION

15 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? no23. SIGNATURE John L. Riley M.D. Exam

M. D. or other

Address Snow Hill Md Date signed 6/6/46

RECEIVED
JUN 10 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 06400 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke city P.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 54 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Pocomoke city P.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Blanche C. Holland

3.(b) Social Security Number

✓

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife John Holland
 6.(c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) May 7, 1888
 8. AGE: Tears 58 Months 1 Days 14 If less than one day
 hrs. min.

9. Birthplace Hollywood, Accomac, Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Lee Douglas Calawa
 13. Birthplace Va

MOTHER 14. Maiden name Laura Kelley
 15. Birthplace Va

16. Informant John Holland
 Address Pocomoke city, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 24, 1946
 (month) (day) (year)

Cemetery or crematory Bittingham
 Location Pocomoke city P.F.D.

18. Funeral director Margarette H. Watson
 Address Pocomoke city, Md.

19. June 24 46 Alvin E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 46 to June 21, 1946
 and that I last saw her live on June 21, 1946

Immediate cause of death Cerebral Embolus DURATION 5 weeks

Due to Hypertensive Heart Disease 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis J. Lewellyn, MD M. D. or other

Address Pocomoke City Date signed 6-24-46

RECEIVED

JUN 26 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 282

CERTIFICATE OF DEATH

Reg. Dist. No. 06401 353

1. PLACE OF DEATH:
County Worcester
City or town Bishop, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Bishop, Md. (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
John L. Holland

3. (b) Social Security Number

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: 59 Years Months Days If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Pete Gray

13. Birthplace Berlin Maryland

14. Maiden name Inez Holland

15. Birthplace Maryland

16. Informant Ephraim Mupfah

Address Richville, Del.

17. Burial Date thereof June 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sarah Dukes Cem.

Location new Bishop, Md.

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. 6/57 46 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 at 9:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1946 to June 26 1946 and that I last saw him alive on June 26 1946

Immediate cause of death Cerebral Hemorrhage DURATION 2 days

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE M. D. or other

Address Richville, Del. Date signed 6-27-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 1 1946
BUREAU V.E.

87

1261-57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

0640351
Reg. Dist. No.

1. PLACE OF DEATH:

County WorcesterCity or town near Snow Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town near Snow Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Johnson

3. (b) Social Security Number

4. Sex m 5. Color or race c 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age _____ years
June 3 '46
8. AGE: Years 0 Months 0 Days 0 It less than one day 2 hrs. 16 min.9. Birthplace near Snow Hill Md
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Wesley Johnson13. Birthplace Snow Hill Md14. Maiden name Myrlene Johnson15. Birthplace Maryland16. Informant Wesley JohnsonAddress Snow Hill Md17. (Burial, cremation, or removal. Which?) Burial Date thereof June 3-46
(month) (day) (year)Cemetery or crematory Family cemeteryLocation near Snow Hill18. Funeral director Wesley JohnsonAddress Snow Hill R.R. 119. (Date rec'd by registrar) 6/3/46 Relay Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946 at Snow Hill

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Premature birth

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John L. Riley Dep. Reg. Ex. M. D. or otherAddress Snow Hill Md Date signed 6/3/46

RECEIVED

JUN 7 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 640

06404

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County WorcesterCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry W. Melvin

3. (b) Social Security Number

4. Sex male5. Color or race White6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Bernie Melvin6.(c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) July 18 18928. AGE: Years 53 Months 11 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Pocomoke City
(Town, county, and state)10. Usual occupation Printer11. Industry or business Printing12. Name Thomas Melvin13. Birthplace and14. Maiden name Rebecca Hickman15. Birthplace Frederick, Md16. Informant Bernie MelvinAddress Pocomoke City Md17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 23, 1946
(month) (day) (year)Cemetery or crematory Salem M. E.Location Pocomoke city18. Funeral director Margarette W. WatsonAddress Pocomoke city, Md.19. 6/22 46 Reddy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 46 at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Rifle wound

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of June 20 46Where did injury occur? Frederick Worcester Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Rifle shot Injured at work? no23. SIGNATURE John L. Kelly M.D. Mrs Evans
M. D. or otherAddress Shawnee Md Date signed 6/20/46

RECEIVED
JUN 26 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 921

CERTIFICATE OF DEATH

06405

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke city
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke city
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Market
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Clara Jackson Ross

3. (b) Social Security Number

✓

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife James P. Ross
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 18, 1863
 8. AGE: Years 82 Months 6 Days 28 It less than one day _____ hrs. _____ min.

9. Birthplace Atlantic, Accomac, Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Solomon Warren
 13. Birthplace Virginia
 MOTHER 14. Maiden name Arinthia Corbin
 15. Birthplace Virginia

16. Informant Miss Alice Ross
 Address Pocomoke city, Md

17. Burial Date thereof June 18, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenwood
 Location Temperanceville, Va

18. Funeral director Margarette H. Watson
 Address Pocomoke city, Md

19. June 17, 1946 Archie E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1946 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5, 1946 to June 16, 1946
 and that I last saw him alive on June 16, 1946

Immediate cause of death Myocardial Regeneration
 DURATION 23 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE C. E. White M. D. or other _____
 Address _____ Date signed June 17, 1946

RECEIVED
JUN 19 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Da*

CERTIFICATE OF DEATH

06406

Reg. Dist. No. *351*

1. PLACE OF DEATH:

County *Worcester*
 City or town *Snow Hill Rural #1*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *30 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *Maryland* County *Worcester*
 City or town *Snow Hill Rural #1*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *70*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary E. Stanford

3. (b) Social Security Number

None

4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Widowed*

6.(b) Name of husband or wife *William E. Stanford*

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *March 4 - 1874*

8. AGE: Years *72* Months *3* Days *22* If less than one day

9. Birthplace *Widdow, Worcester, Md*
 (Town, county, and state)

10. Usual occupation *Housewife*

11. Industry or business *Own home*

12. Name *Thomas Payne*

13. Birthplace *Maryland*

14. Maiden name *Denise Pennington*

15. Birthplace *Maryland*

16. Informant *Mr. Harold Stanford*

Address *Snow Hill, Md Rural #1*

17. (Burial, cremation, or removal, which?) *Burial* Date thereof *June 27, 46*
 (month) (day) (year)

Cemetery or crematory *Whatcott*

Location *Snow Hill, Md*

18. Funeral director *Edmund F. Thomas*

Address *Snow Hill, Md*

19. *629* 19 *46* *Re Day Smith*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 26* 19 *46* at *3* *46* p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 12* 19 *46* to *June 24* 19 *46*

and that I last saw him alive on *June 24* 19 *46*

Immediate cause of death *Cerebral & vascular accident* DURATION *2 wks*

Due to *Hypertensive Cardio-vascular renal syndrome* 5 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Robert L. La Mar MD*

Address *Snow Hill* Date signed *6-28-46*

RECEIVED
JUL 1 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on

2411 N. Charles St., Baltimore 462

06407

CERTIFICATE OF DEATH

Reg. Dist. No. 355

FILM No. I 04 JUL - 1 1946

1. PLACE OF DEATH:

County Harvest

City or town Selbyville Del
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

at her home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harvest

City or town Selbyville Del
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1025
(If rural, give LOCATION)

2.(a) If veteran, name War

3. (a) FULL NAME

Stella Townsend

3. (b) Social Security Number

4. Sex Female 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Oct 28 1884

8. AGE: Years 61 Months 10-2 Days 2 It less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

12. Name Moak, Bellino

13. Birthplace Maryland

14. Maiden name Elizabeth Borden

15. Birthplace Maryland

16. Informant Elizabeth James

Address Georgetown Del

17. Burial Date thereof June 27 1946
(Burial, cremation, or removal. Which?) (month), (day) (year)

Cemetery or crematory Weylors Gate Snow Hill

Location near Selbyville R.D.

18. Funeral director Amie A. Burbage

Address Berlin Maryland

19. 6-26 19 46 Helen F. Hayward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1946 at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20 1946 to June 23 1946

and that I last saw h. c. r. alive on June 3 1946

Immediate cause of death Carcinoma Colon

Uremia + Bronchopneumonia

Due to Carcinoma Colon

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Garrett James

Address Selbyville Del

Date signed 6/27/46

RECEIVED
JUN 28 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Bd*

CERTIFICATE OF DEATH

 06408
 350
 ★ Reg. Dist. No.

1. PLACE OF DEATH:

County *Princess Anne*City or town *Pocomoke City*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *15 1/2 years*Hospital, institution, or street address where death occurred:
801 South St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Worcester*City or town *Pocomoke City*
(If outside city or town limits, write RURAL and give nearest town)Street No. *801 South St.*
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Robert Stewart Warrington

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

George W. Warrington

7. Birth date of deceased (mo., day, yr.)

*Jan 4th 1867*6. (c) If alive, give age *78* years

8. AGE:

Years

Months

Days

If less than one day

77 *5* *9* *hrs* *min.*

9. Birthplace

Princess Anne Md
(Town, county, and state)

10. Usual occupation

School teacher

11. Industry or business

Public School

FATHER

12. Name

John W. Dennis

13. Birthplace

Somerset Co Md

MOTHER

14. Maiden name

Jane Waters

15. Birthplace

Somerset Co Md

16. Informant

Address

George Warrington
*Pocomoke City Md*17. Burial
(Burial, cremation, or removal. Which?)Date thereof *June 16 - 1946*
(month) (day) (year)

Cemetery or crematory

Metropolitan

Location

Princess Anne, Md

19. Funeral director

Address

Edgar Thomas
Accomac, Va

19. Date rec'd by registrar

19. 46

Anne E. White
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 13th 1946 at *69* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13th 1946 to *June 13th 1946*and that I last saw him alive on *June 13th 1946*

Immediate cause of death

Chronic Myocarditis

DURATION

10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. E. Astorius
Pocomoke City Md

M. D. or other

Date signed *6/14/46*

RECEIVED TO THE BUREAU OF THE ARMY

RECEIVED TO THE BUREAU OF THE ARMY

RECEIVED

JUN 15 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester
 City or town Snow Hill, R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Worcester
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Milton Douglas Webb

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 8.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 9, 1932
 8. AGE: Years 14 Months 0 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business

FATHER
 12. Name Henry Webb
 13. Birthplace md
 MOTHER
 14. Maiden name Lillie Timmons
 15. Birthplace md

18. Informant Mrs. Henry Webb
 Address Snow Hill md. R.F.D.

17. Burial Date thereof 6/29/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Perdue's
 Location Powdermill md

18. Funeral director Anna A. Burbage
 Address Berlin md

19. 6/29/46 19. 46 Rekey Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27-46 19. 12 at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-15-46 19. 6-26-46 19. 46
 and that I last saw him alive on 6-26-46 19. 46

Immediate cause of death Leukemia DURATION ?

Due to ?

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Clifford E. Doherty M. D. or other

Address Berlin md Date signed 6-28-46

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JUL 1 1945
BUREAU V S